NOTIFICATION OF INCOMPLETE APPLICATION (FAMILY CHILD CARE HOME)

DATE:	
APPLICANT'S NAME:	
EACH ITY EILE AN MADED	
FACILITY FILE NUMBER:	

This incomplete application package is being returned to you. Your application for a license remains incomplete as we have not received the items checked below. Please forward the requested information within 30 days. If this information is not received, your application will be considered withdrawn.

LICE	NSING FORMS	SUP	PORTIVE DOCUMENTS
	Application for Family Child Care Home License (LIC 279) Current Children in Your Home (LIC 279B) Criminal Record Statement (LIC 508) Emergency Disaster Plan for Family Child Care Homes (LIC 610A) Statement Acknowledging Requirement to Report Suspected Child Abuse (LIC 9108) Facility Sketch Floor Plan - Family Child Care Home (LIC 999A) Property Owner/Landlord Notification - Family Child Care Home (LIC 9151) Property Owner/Landlord Consent - Family Child Care Home (LIC 9149) Pre-Licensing Readiness Guide - Family Child Care Home (LIC 9217) Local Fire Inspection Authority Information (LIC 9054) (Large Family Child Care Home Only)		Proof of Completion or Enrollment in 15 Hours of Health and Safety Training Copies of T.B. Clearances (within 1 year) Proof of Relevant Experience (Large Family Child Care Home Only) Orientation Certificate Application Fee \$ Other
	The Application Fee Is Non-Refundable		
LICENSI	NG REVIEWER'S SIGNATURE		PHONE NUMBER ()